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ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: DEC. 1, 2017

Case Number: 18-37

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: KIMBERLY COLLINS DVM

Premise Name: SEVILLE VETERINARY HOSPITAL

Premise Address: 6348 S. HIGLEY

City: GILBERT State: AZ Zip Code: 85298

Telephone: (480) 279-2831

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: BLAKE AND WADAD ALLEN

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

(attached)

C. PATIENT INFORMATION (1):

Name: DAISY
Breed/Species: SHEPHARD MIX
Age: 3 MOS Sex: F Color: TAN/BROWN

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

DALTON HINDMARSH, DVM, BLUE PEARL, GILBERT, AZ 480-497-0222
VET FOR LULUBELLE RESCUE

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

BLAKE ALLEN [REDACTED]
LAUREN ALLEN [REDACTED]

WADAD ALLEN [REDACTED]
BLAKE ALLEN JR [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature:  

Date: _____

NOV 28 2017

Daisy was presented with multiple serious problems to Seville Veterinary Hospital on Friday, 8/25/17. She was examined by Kimberly Collins, DVM.

The puppy was adopted a few days earlier, 8/18/17, from Teran Sario at LuluBelle Rescue. Within a few days, Daisy had developed a cough, was losing weight rapidly, was severely lethargic, and would not eat. My daughter, Lauren Allen, who was home caring for the puppy, decided that the situation was becoming grave, was very worried, and, with my permission, took her to Seville Veterinary Hospital.

My complaint, in a nutshell, is that Dr. Collins misdiagnosed my son's puppy, (who now I realize had obvious signs of Parvo virus), with an upper respiratory infection and allergies and was given a prescription for Benadryl and an antibiotic-as the attached paperwork indicates.

Dr Collins stated to my daughter, that she did not believe the dog had Parvo or needed to be tested for it. I firmly believe that if a correct diagnosis was given at this time, we could have sought treatment for Parvo, and Daisy would still be alive today.

By Sunday, 8/27/17, none of the medicines that Dr. Collins gave us were having any effect and the situation was dire for our poor puppy. We took Daisy to the only open pet hospital in our area, Blue Pearl. Without much fanfare, and a quick examination, the doctor's immediate diagnosis was an infectious disease, most likely parvovirus.

I had been in communication with Teran of Lulubelle Rescue and she suggested that at this point, she should take the dog back and take her to one of the vets that she uses and trusts. So that afternoon Teran met us, and picked up Daisy. Two days later, Teran let us know by phone that Daisy had passed away from Parvo per her vet.

I spoke to Dr. Collins on the phone after the dog passed away, but there was no explanation other than something along the lines of that puppies do get Parvo and that it's common. So my question is why didn't the DVM test for it, diagnose it, or treat the dog for it? This is ridiculous. You misdiagnose, don't admit that you should have done better, put my kids through agony and tears, and of course never fail to stick you with a large bill for your malpractice.

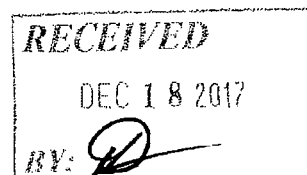
I know that this is an animal. Animals are probably misdiagnosed all the time, but even with something as common as Parvo virus? If everyone you talk to, including a minimum wage employee at Petco, knows what the symptoms are for Parvo, and that it runs rampant among puppies in the summer in Arizona, then I would think Dr. Collins should know that too. Again if a correct diagnosis was given at that point in time by Dr. Collins, we could have sought the correct treatment for Parvo, and very possibly, Daisy would be alive today. I have attached the paperwork from Seville Hospital as well as Blue Pearl.

And I am requesting, if it is within the legal authority of the Board, to have Seville Hospital return the fees paid, at the very least. However, by filing this complaint, I am not abrogating my right to further legal action and monetary remuneration for all fees paid, time, and pain and suffering.

December 15, 2017

Kimberly Collins, DVM
Seville Veterinary Hospital
6348 S. Higley Rd. #109
Gilbert AZ 85298
480-279-2831

18-37 in RE: Kimberly Collins, DVM



Narrative

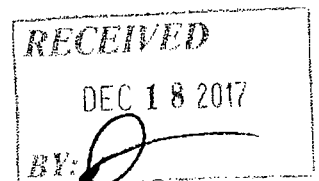
On August 25, 2017 Lauren Allen, daughter of Wadad Allen, called Seville Veterinary Hospital at 10:52 am for an appointment for her new puppy Daisy. She spoke with client service representative Lindsay Lucas. She stated her puppy had been bitten by 20 fire ants and needed to be seen as soon as possible. Lindsay told Lauren that unfortunately we are booked for appointments for the day but she could bring Daisy in for an urgent care exam. Lindsay explained there may be a wait and the urgent care exam fee was \$91.59. Lauren declined but indicated she might call back to set the urgent care appointment. Lauren called back and spoke to client service representative Tracey LoVecchio who set an urgent care exam for Daisy at 11:30 am. Lauren presented Daisy for her exam around 11:15 am.

Technician Casey Shadd collected vitals and an oral history from Lauren. This was recorded on the patient intake form and then transferred to the electronic medical record. Casey asked Lauren what was going on with Daisy and what concerns she had. Lauren told Casey that Daisy had been bitten by fire ants an hour ago and now has bumps on her belly. Casey asked Lauren if Daisy had been eating and drinking to which Lauren answered yes. Casey also asked if Daisy had any coughing, sneezing, vomiting or diarrhea to which Lauren answered no. Casey asked if there had been any changes in urination or bowel movements to which Lauren answered no. Casey asked what type of food Daisy was eating to which Lauren answered Purina Puppy. Casey asked if Daisy was taking any medications, vitamins, or supplements to which Lauren answered no. Casey then advised Lauren that she would relay the history to the doctor, who would be in shortly to perform an exam.

Upon examination, I found that Daisy was bright, alert, and responsive. She was in good body condition with a body score of 3 out of 5. There were multiple small red raised lesions on the ventral abdomen consistent with ant bites. She had a small amount of mucopurulent nasal discharge and a cough was elicited on tracheal palpation. No abnormalities were noted on lung auscultation. Lauren reported that Daisy had been bitten by fire ants and had developed the rash noted on her abdomen. Lauren also stated that she wanted to make sure Daisy would be ok. I asked Lauren if Daisy had any other symptoms and she said no. The rest of Daisy's exam was unremarkable.

I advised Lauren that I was concerned that Daisy was developing a respiratory infection since she was having mucopurulent nasal discharge and coughing during the exam. I advised we should treat Daisy for an upper respiratory infection as well as an allergic reaction to the ant bites. We discussed that respiratory disease is common in puppies and can be contagious to other pets. We also discussed that left untreated, respiratory infections can turn into pneumonia. I asked if Daisy had received vaccines or a fecal test yet. Lauren stated that Daisy had received vaccines but she was unsure of which ones or the date of vaccination. She indicated she would locate the records and bring them to us. Lauren was not sure if Daisy had her fecal tested. I advised we would hold on any vaccines until we received a history and her symptoms of respiratory infection were resolved. I recommended a fecal test to screen for intestinal parasites. We discussed that parasites are also common in puppies and some may be contagious to other pets and humans.

Lauren consented and signed a treatment plan for the allergic reaction and respiratory infection as well as a fecal test for parasites. I advised Lauren that the fecal results would be reported in 1-2 days and a technician would call to discuss the results and treatment if Daisy had an infection.



Daisy was then taken to the treatment area and given an injection of dexamethasone SP intravenously, an injection of diphenhydramine Intramuscularly, and for collection of her fecal sample. It was noted during collection of the fecal sample that Daisy's stool was soft.

Daisy was then returned to Lauren for discharge. I advised Lauren that I would recommend a medication to start for her soft stool to help prevent diarrhea and as possible pre-emptive treatment for intestinal parasites since we may not have fecal results until Monday. Lauren agreed to adding metronidazole to the treatment plan. I advised once we had the fecal results, we may need to make changes to her medications.

Clavamox and metronidazole were dispensed and Casey went over how to administer the medications.

At discharge Lauren was advised that if Daisy did not improve over the next 24-48 hours to please call our office for a progress exam or to contact an emergency clinic if we were closed. This was also indicated at the bottom of the written discharge instructions.

I did not discuss parvo virus with Lauren during this appointment. She did not ask me about parvo and I did not suspect that Daisy had parvo since there were no reported symptoms from Lauren and none on physical exam.

On August 26th, 2017 the fecal results were reported from Antech Diagnostics. Daisy was positive for Isospora with 3+ cysts reported in the fecal. A prescription for Albon suspension was filled through the in house pharmacy. Camille Foley called the number on file and spoke to Wadad Allen. She went over the type of parasite seen in the fecal, symptoms, hygiene, and the recommended treatment. The medication along with educational handouts were picked up later that day. It was not mentioned by Wadad on the phone or in person when the medications were picked up that Daisy was having any further problems.

On August 28th, 2017 a report was received from Blue Pearl Emergency Center indicating that Daisy had been seen. I reviewed the records and requested that our client service representative call to check on Daisy. A call was placed on August 28th and 29th, both times messages were left asking how Daisy was doing and requesting the owner call back to discuss her condition.

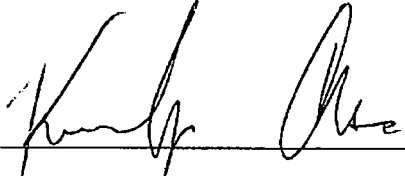
On August 31st 2017 Wadad called the hospital requesting to speak to someone about Daisy and her diagnosis of an upper respiratory infection and positive fecal test. He said Daisy's condition deteriorated after her visit and she was diagnosed with parvo virus infection. He stated the Daisy had passed away. He wanted to know why Daisy was not diagnosed with parvo at her visit.

I called and spoke to Wadad. I stated that Daisy was bright and alert at her appointment with us. It was not reported that she had been vomiting, having diarrhea, losing weight or not eating. At her appointment, Lauren's complaint was for fire ant bites. There were no symptoms of parvo noted on her exam, however she was coughing and having nasal discharge during her exam. Treatment for the ant bites, respiratory infection, and fecal were recommended. A fecal was recommended as a routine screen for new puppies since it was unknown if Daisy had previously had a parasite check. I explained that the fecal test that we run is for parasites, not for parvo. Daisy did have soft stool when we collected

the fecal sample and was prescribed Metronidazole. This medication usually helps with soft stool and can treat some intestinal parasites. Daisy's fecal was positive for coccidia and treatment was started right away. However, the coccidia could have contributed to her very quick decline as she had two intestinal infections, both the parasite and a parvo viral infection. Wadad asked if Daisy could have been infected with parvo here. I stated that parvo has a pre-patent period of 1-2 weeks where patients may not show symptoms. It is possible that she was exposed prior to her appointment here. I expressed my condolences for the loss of Daisy. The phone call was ended.

No further contact from Wadad or his family was made to Seville Veterinary Hospital after August 31st 2017.

The technician present for this appointment, Casey Shadd, is no longer employed by Seville Veterinary Hospital and has moved to Tucson. Her most recent phone number on file is 928-581-8136.



Kimberly Collins, DVM

12/15/2017
Date

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, D.V.M.
Donald Noah, D.V.M.
Christine Butkiewicz, D.V.M.
Tamara Murphy

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Sunita Krishna – Assistant Attorney General
Victoria Whitmore, Executive Director

RE: Case: 18-37
Complainant(s): Blake and Wadad Allen
Respondent(s): Kimberly Collins, DVM (License: 6112)

SUMMARY:

Complaint Received at Board Office: 12/1/17
Committee Discussion: 2/6/18
Board IIR: 3/21/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014
(Salmon); Rules as Revised September
2013 (Yellow)

On August 25, 2017, "Daisy," a 3-month-old female Shepherd mix was presented to Respondent after being bitten by fire ants. Respondent examined the dog and noted a cough and soft stool along with the red raised lesions on the dog's abdomen. Treatment was recommended and approved.

On August 27, 2017, the dog was presented to an emergency facility due to vomiting, lethargy and not eating. An infectious disease was suspected; diagnostics and treatments were recommended but declined.

Complainants contend Respondent was negligent in the care of the dog.

Complainant was noticed and did not appear.
Respondent was noticed and appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Blake and Wadad Allen*
- Respondent(s) narrative/medical record: *Kimberly Collins, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Dalton Hindmarsh, DVM – Blue Pearl*

PROPOSED 'FINDINGS of FACT':

1. On August 25, 2017, the dog was presented to Respondent by Complainants' daughter, Lauren, after being bitten by fire ants an hour prior. The dog had reds bumps on her belly. The pet owner reported that there was no coughing, sneezing, vomiting or diarrhea – no other concerns. Upon exam, the dog had a weight = 7.8 pounds, a temperature = 102.8 degrees, a heart rate = 170bpm and a respiration rate = 60rpm. Respondent noted mild mucopurulent discharge coming from the eyes and could elicit a cough on tracheal palpation. She also saw multiple raised lesions on the ventral abdomen from ant bites.

2. Respondent stated in her narrative that she discussed her concerns with Lauren that the dog could be developing a respiratory infection since there was mucopurulent nasal discharge (ocular discharge noted in medical record) and coughing during the exam. She recommended treating the dog for an upper respiratory infection as well as an allergic reaction to the ant bites. Respondent warned that respiratory disease can be contagious to other pets and if left untreated, the infection can turn into pneumonia. She asked if the dog had been vaccinated and had a fecal test; Lauren did not know which vaccines the dog had received and if he had a fecal test. Respondent recommended waiting on vaccines until they received history and the respiratory issues were resolved – she also recommended a fecal test, which was approved.

3. The dog was taken to the treatment area to collect a fecal sample and administer treatment. When Respondent collected a fecal sample, it was noted that the dog's stool was soft. The dog was administered Dex Na Phos 4mg, 0.44mLs IV and Diphenhydramine 50mg/mL, 0.16mLs SQ.

4. Respondent also recommended starting medication for the soft stool to help prevent diarrhea and a possible preemptive treatment for intestinal parasites. She explained that the treatment may change once the fecal test results were received. The additional treatment was approved and the dog was discharged with Clavamox tablets and Metronidazole suspension. Lauren was instructed to call if the dog did not improve.

5. The following day, the fecal results were reported and results were relayed to Complainant by hospital staff. Complainant was advised of the positive result for coccidia and Albon suspension was the recommended treatment. Complainant picked up the medication and handouts later that day. There was no mention of the dog having further problems or his condition worsening.

6. On August 27, 2017, the dog was presented to Dr. Hindmarsh at Blue Pearl Specialty and Emergency Pet Hospital for coughing, lethargy, vomiting, diarrhea and not eating. Complainant's reported that the dog had vomited the night before and was not eating that day. He had been being treated for a suspected respiratory issue and coccidia. Upon exam, the dog had a weight = 3.14 kgs, a temperature = 101.7 degrees, a heart rate = 190bpm and a respiration rate = 50rpm. The dog was reportedly depressed but alert and responsive; had small

amount of dried nasal discharge and diarrhea present. Dr. Hindmarsh recommended radiographs and blood work including testing for parvo and distemper, and Complainants declined diagnostics and hospitalization. They elected to surrender the dog back to the rescue.

7. On August 31, 2017, Complainant contacted Respondent to report that the dog had been diagnosed with parvo and passed away; he wanted to know why the dog was not diagnosed with parvo when Respondent examined the dog. Respondent explained that it was not reported that the dog had been vomiting, having diarrhea, losing weight or not eating – the complaint was for fire ant bites. The dog was not showing symptoms of parvo at her exam but she was coughing, having nasal discharge and soft stool was found when collecting a fecal sample.

COMMITTEE DISCUSSION:

The Committee discussed that the dog was not exhibiting signs of parvo when examined by Respondent. It could have been in the pre-clinical phase or the fire ants triggered the virus, and there was doubtful vaccination history. However, parvo was an assumptive diagnosis as the diagnostic tests were declined by the pet owner.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.


COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division